

Defining the problem and sourcing the solution: a reflection on some of the organizational, professional and emotional complexities of accessing post-adoption support.

Abstract

In the United Kingdom as elsewhere, children across the age range are now being adopted from care. Some of these children, by no means all, are expressing additional physical, emotional, behavioural and educational needs. In consequence, the government has introduced legislation and attendant policies aimed at providing adoptive families with support. In 2013 in the northwest of England, a specialist post-adoption support service was established, and an illuminative evaluation of its organization and provision was conducted. A key theme emerging from the qualitative data concerned the difficulties parents had encountered in accessing appropriate support prior to the creation of the service. These difficulties have been interpreted as: uncertainty in defining the problems encountered and knowing which agencies and professionals to approach; ambivalence about seeking help; professionals' uncertainty in knowing how to respond; and the scarcity of resources. This paper illustrates these difficulties, then draws attention to some of the ways in which they are being addressed.

Key words: adoptive parents; adoption; post-adoption support; social work; organization; psychosocial theory; qualitative; evaluation

Introduction

This paper is associated with the current interest in the support needs of adoptive parents and the services that are provided. It is based on an illuminative evaluation (Hall and Hall 2004) of the Centre for Adoption Support that was introduced in 2013 in the northwest of England. However, the paper does not report on the detailed conclusions of the evaluation. Instead, the paper explores and develops a theme that emerged when some of the qualitative data were interpreted. This theme, which echoes the work of Monck and Rushton (2009), draws attention to the difficulties experienced by adoptive parents in their attempts to access help. Thomas (2013) also acknowledges the difficulties faced by adoptive parents and the patchy

provision of adoption support. Before this theme is discussed, however, the background to adoption support is offered, then follows information on the practicalities associated with the creation of the Centre for Adoption Support and the evaluation, and the policy and organizational context of support services in general.

Background to the provision of adoption support

The adoption of a child who cannot be cared for by his/her birth parents became legal in England in 1926. In comparison with today when older children may be adopted, for the first fifty years it was primarily an arrangement for the placing of babies with childless couples. Initially the emphasis was on keeping the arrangement closed and confidential. Although babies are still placed with adoptive parents, there have been fewer babies needing homes due to effective contraception, legalized abortion, greater acceptance of single parenthood and the provision of welfare benefits (Mather 2003). Instead, as indicated above, it is children across the age range that cannot be cared for by their family of origin who are deemed to be in the need of adoptive homes.

Children who cannot be cared for by their family of origin may have been subjected to abuse. The experience of abuse, but also the loss associated with the removal from the birth family, and possibly a number of moves between foster homes, may leave children feeling insecure and anxious (Schofield and Beek 2005). In consequence, many adopted children demonstrate social, emotional and behavioural problems (Rushton and Dance 2002; and Selwyn et al. 2014). Selwyn (2014) found that during the early years of placement, some children were physically aggressive

and self-harmed. Some suffered from night terrors, soiling, and exhibited manipulative and controlling behaviour. Although local authorities endeavour to prepare prospective adopters for their new role, and draw attention to potential challenges, the day-to-day realities may be daunting. According to Rushton and Dance (2002), adoptive parents reported that children's 'weak return of affection or rejection, persistent non-compliance, violence and aggression' was particularly difficult to deal with. Whilst the different biographies and levels of resilience means that not all children placed for adoption will exhibit social, emotional and behavioural difficulties, where this is the case, adoptive parents may struggle to cope.

The changing nature of adoption contributed to the need for reflection and a Review of Adoption was published in 2000 (see Performance and Innovation Unit 2000).

The Adoption and Children Bill was published in 2001. The Act followed in 2002, but was not implemented until December 2005 (Pearce and Banks 2013). In England, adoption support services have been defined in the Adoption Support Services Regulations 2005 and local authorities have been required to draw up an adoption support service plan and to monitor its implementation (Rushton and Monk 2009).

Services that might be made available include: financial support; discussion groups; mediation relating to contact arrangements; therapeutic services for adoptive children; assistance following disrupted adoption; the provision of counselling, advice and information (Pearce and Banks 2013).

Since these legal and policy initiatives, the needs of adoptive parents, methods of adoption support and the effectiveness of services have received greater attention in England, but also elsewhere (see for example, Argent 2003; Bonin et al. 2013;

Holmes et al. 2013; Lewis and Ghate 2015; McKay and Ross 2011; Monck and Rushton 2009; Rushton and Dance 2002; Rushton et al. 2006; Rushton and Monck 2009; Selwyn et al. 2014; Stock et al. 2016 and Thomas 2013). This interest is evident in the case of inter-country adoption also (see Gibbs 2010). Whilst services might be delivered to birth families, those made available to adoptive families signify the intention to encourage the best possible outcomes, aiding stability for the adoptive child by guarding against placement disruption. Relatively little is known about the causes of placement disruption (McNeish and Scott 2013; Selwyn et al. 2014). However, the research undertaken by Selwyn et al. (2014) identifies a range of associated significant factors. These factors include, not only the child's pre-care experiences (such as abuse and neglect), but also the adoption journey and the adopted child's behaviours.

The Centre for Adoption Support and Methods of Evaluation

The Centre for Adoption Support was created in 2013 in the northwest of England by means of a partnership between the two charities that were working in association with a cluster of four local authorities. For the purpose of constructing the Centre and providing the services, the partnership had submitted a proposal, and successfully secured funding from the National Prospectus Grants Programme (DfE 2012). By means of this programme, the government had made money available for the achievement of specific aims, one of which was 'to develop and reform the care system and speed up the process of adoption'. The funding enabled the

provision of services that intended to minimise the time involved in making an adoption order for children already placed, but it also enabled the same (or similar) support services to become available to families where the adoption had already occurred.

Funding was made available to the partnership for two years from 2013 until 2015. Given the source of funding, an evaluative audit was undertaken by the Department for Education. In addition, however, the charities commissioned an independent evaluation to focus specifically on the second component of the service provision, i.e. services provided to families who had already adopted, but who were encountering problems. The evaluation was designed to be illuminative (Hall and Hall 2004): that is, the service was in the process of being constructed, and a reflection on this process and the content of services was sought. Importantly, the evaluation constituted an opportunity for learning for all concerned. The overarching goal was to understand the creation, provision and receipt of services by means of varied and richly descriptive data, gathered from managers, professionals and adoptive parents.

Illuminative evaluations aim to capture the network of factors in play, and this aim was compatible with the general principles of psychosocial theory that underpinned the approach to the project: that is, there was an attempt to understand the policy and organizational context of the new services, as well as their content and delivery. Psychosocial theory, the combination of insights from psychoanalytic theory and systems thinking, has been relevant to social work in England (to a greater or lesser extent) since the 1960s (Howe 2009). With an emphasises on the 'person-in-environment', the approach has received increased emphasis over recent times (see for example Megele 2015 and Ruch 2010). Furthermore, in general psychosocial

studies are flourishing: the approach is not confined to social work and the helping professions, but all areas of life where a bringing together of the individual and the social is considered appropriate (Woodward 2015). At the heart of this bringing together is the importance of 'relational' co-existence between the self and the environment as well as the self and others.

Given the anti-positivist and flexible stance taken to the project, close collaboration and on-going dialogue took place between members of the research team, the managers and the professionals in the new service. In keeping with the above, most data were gathered by means of qualitative methods: documents constructed for the new service (such as informational leaflets, referral and assessment forms) were seen, five families were purposively selected as case studies (with at least one parent from each family being interviewed twice, and three school representatives were interviewed in relation to two of the families); finally, a facilitated reflective management group was established. In addition to the facilitator, this group comprised of two chief executives (i.e. one for each partnered charity) and the project manager. It met five times over the course of 2014 and, by referring to the wider policy and organizational developments, it set the construction of the new service in a regional and national context. All individual and group interviews were tape recorded and transcribed and subjected to an interpretative analysis.

In addition, in spring 2014, a parent and/or a social worker for each child known to the service was given a questionnaire and invited to provide a perspective on the child's needs. Thirty-six questionnaires (reflecting the total number of children referred to the new service) were issued and seventeen were returned. In the autumn of the same year, a second questionnaire was sent to those returning the first, and nine were returned. This questionnaire sought perspectives on the needs of

the child and on the services received. Detail on this component of the methodology is not provided as the resulting data are not pertinent here: that is, the theme reported in this paper emerged from the qualitative data. On reflection, the gathering of the perspectives of children might have been valuable, but the methodology of the project reflects the resources (in terms of budget and time) as well as the aims and objectives as negotiated with the commissioners.

The research team consisted of four members. For the purposes of consistency, one member of the team analysed the quantitative data and one member analysed the qualitative data. However, all four members discussed and agreed the analysis and the content of the final report (Author et al. 2015). The content and final report was also agreed by the two chief executives and the project manager.

Ethical approval was gained from the local Association of Directors of Children's Services, as well as an ethics committee of the University that was commissioned to undertake the evaluation. The project began in March 2014 and the final report was submitted to the commissioning charities at the end of March 2015. The content of the final report provides a general backdrop for this paper. However, as indicated above, the specific focus rests on a theme concerning the challenges experienced by adoptive parents when they tried to access supportive services. This theme emerged from the qualitative data gathered from interviews with three school representatives and the adoptive parents (of the five case studies). This paper draws on the contributions made by these individuals, but in order to protect confidentiality, pseudonyms are used when quotations are given. These pseudonyms are: Mr and Mrs Black; Mr and Mrs Brown; Mr and Mrs Green; Mr and Mrs Grey; and Mr and Mrs White. Also, to ensure confidentiality, unless valuable to the account, the details of the children (such as their ages) are not included. First,

however, a description is provided of the wider policy and organizational context in which adoptive support services were being constructed.

The overarching policy and organizational context in which adoption support services are being constructed

As indicated above, financial arrangements were already in place for local authorities to ensure that adoptive families received essential help. However, the source of support was, and continues to be, varied: support may be provided, not only by local authority adoption services, but also the child and adolescent mental health service (CAMHS), local authority psychologists, educational psychologists, family support teams as well as third sector providers (see below) (Lewis and Ghate 2015). Whilst legally required to conduct an assessment of need, the provision of services is discretionary and refusal has to be challenged by means of a formal complaint. Furthermore, whilst responsibility for the assessment lies with the local authority that placed the child for adoption, after three years this responsibility shifts to the local authority in which the family resides.

Although local authorities have responsibility, the bureaucratic social services departments which were created in 1971 have been dismantled with the modernization agenda (Birrell 2006). The modernization agenda evident in England, but also internationally (see Roets et al 2016) reflects the aim to 'join up' the provision of health and social care services: that is, to blur the boundaries and make accessing appropriate support easier for those in need. The modernization agenda has also been influenced by global economics and neoliberalism with the consequent emphasis on privatization, the marketization of provision and consumer

choice (see Author et al. 2013). Within this context, rather than automatically provide services itself, a local authority may commission or procure services on behalf of the local population (see Faculty of Public Health 2008; Local Government Association 2012). The aim is that third sector organizations (such as the commissioners of the evaluation) become the providers, with audit and managerialism as the mechanisms by which central government attempts to ensure compliance and high performance within the localities.

Dartington (2010) argues that the current systems of care are subjected to the competing tensions of integration and fragmentation. Whilst the modernization agenda might aim towards integration, the range of potential providers and competitive arrangements encourage fragmentation, and for Elliot (2008) who is building on the work of Sennett (2006), organizations now exist in a networked configuration. Both Dartington and Elliot draw on social and psychodynamic theory to problematize organizational fragmentation and the provision of caring services by means of networks. For both, the demise of the post-war welfare bureaucracies has led to the loss of stability, predictability and long-term commitment of the government. These previous arrangements facilitated for the population the containment of social anxieties concerning well-being, vulnerability and dependency. Instead, in this neoliberal regime, dependency is discouraged (see Froggett 2002 and Cooper and Lousada 2005) and individuals are expected to remain independent as far as is possible. According to Dartington:

Social policy has now promoted a post-dependency culture of opportunity, individualism, and enterprise, but how do we look after those who cannot look after themselves? (Dartington 2010:13).

There is no suggestion that the adoptive parents are unable to look after themselves, but there may be times when they need support. In addition to this organizational complexity of networked provision and general emphasis on autonomy, Luckock and Hart (2005) argue that there is a particular ambiguity about the very idea of adoption support: *'In law adoption replicates the autonomous normative birth family whilst in policy it provides reparative parenting for particularly vulnerable children'* (Luckock and Hart 2005: 125). In order to resolve the ambiguity, the authors argue for adoption-related supports that were thoroughly integrated into the mainstream provision of local services. This may or may not have happened, but the accounts gathered by researchers suggested that the route towards accessing help appeared to be difficult for a number of inter-related material and emotional reasons (see Monck and Rushton 2009). The complexities involved are described and elaborated upon in the next section of the paper.

Accessing help after the adoption of children

a) Agencies, professionals, and resources

When adoptive parents decide to seek help, their endeavours may be frustrated by the uncertainties concerning the definition of the problem or the source of the solutions: which agencies should be approached, which professionals might be able to help, and might there be enough resources for a service to be provided? This is illustrated by the account of Mr and Mrs Black who adopted brothers Steven (aged 7 years) and David (aged 5 years). At the time of placement, David was a baby and

Steven a toddler. Whilst the couple bonded with David, they struggled with Steven who they described as angry and aggressive: behavioural characteristics that have been associated with adoption disruption (Selwyn et al. 2014). Seeing Steven as a child with problems they approached their family doctor for help. The doctor referred the couple to the CAMHS. Unfortunately, the referral was considered inappropriate by this agency and it did not lead to relevant assistance.

It was not clear from the data why the CAMHS was not able to help the family. It may have been the case that Steven's behaviour did not constitute evidence of a recognized mental health problem, or it may not be severe enough to warrant the investment of resources. Lewis and Ghatge (2015) have concluded that if adoptive parents do not live in one of the few areas of specialist provision, accessing CAMHS provision is very difficult.

Following the disappointment of gaining help from the family doctor or the CAMHS, the parents then turned to the local authority and were offered a course of Theraplay. (Theraplay is facilitated therapeutic play between child and parent which aims to enhance the emotional attachment between the parent and child, see www.theraplay.org). This opportunity was said to have been offered too late: Mrs Black was already exhausted and the course was terminated. After eight months (approximately) of the children's placement Mrs Black had been diagnosed with depression and provided with medication (T1:11). According to the parents, at this stage, both Steven and Mrs Black had become entrenched in a rejecting relationship. It was the feeling that this situation could not continue, that all avenues had been tried (the family doctor, the CAMHS, and the local authority) that Mrs Black contacted the newly created Centre for Adoption Support asking how Stephen's adoption might be terminated.

The case of the Brown family also illustrates the struggle with defining the problem and accessing an agency that would provide the most appropriate help. As with the Black family, the Brown's had ricocheted around the system in search of help: help had been sought from the local authority, but the family had been referred on to CAHMS, and then referred back to the local authority. They had also approached their daughter's school for assistance. Mrs Brown had adopted the sisters Sarah and Susan, who were aged 3 years and 2 years respectively when adopted, and at the time of the research interview were 14 and 13 years respectively. Susan was said to have a language delay and help had been sought. Despite their best efforts, Mr and Mrs Brown did not appear to feel that adequate help was being made available to Susan:

***Mrs Brown:** ... we got no support with Susan I got her into speech therapy here ... and through that we got her a paediatric appointment, but the paediatric thing only lasted about a year, and she said , 'Oh yes, she's got a delay, and she'll carry on having a delay' and signed us off with the speech therapist.*

(...)

***Mr Brown:** I think the feeling was that she was making progress. Nothing that they were doing was changing the speed of that progress. So there was nothing for them to do (T1:8).*

Mr and Mrs Brown were concerned that Susan's linguistic difficulties inhibited her ability to study and learn in general. They were frustrated that Susan did not receive the individual educational help that they thought was necessary, and they were

critical of the reluctance of the school to engage in a dialogue about her needs and progress. These views were expressed in relation to both of their daughters:

Mrs Brown: ... none of these problems have ever been addressed. (...) We could never get in to discuss it. We would try and get in and discuss it, but it was like we had to try and fight our way through the door ... (T1:12).

It was acknowledged that both daughters received 'extra learning assistance', but school staff members were not seen as welcoming and what was lacking was an engagement with what lay behind their academic weakness: that is, that their individual biographies may have given rise to additional needs (T1:12).

Although speaking in general, and not about any specific family, the interviews with school representatives supported the account provided by Mrs Brown. It was said that school staff members did not always feel equipped to respond to the needs of adopted children or their distressed parents:

School representative: We've had parents sitting here saying, 'I think I've made a terrible mistake' (ST2:10).

(...)

School representative: ... my heart goes out to the families. I really think that in a lot of cases they have no idea what they're taking on in terms of the emotional needs of the children. And I think sometimes the parents think they've been left high and dry (ST2:1).

(...)

School representative: *And as a school we have spent time with parents and you feel that we haven't got the knowledge, we haven't got the expertise to support these parents ...(ST2:3).*

b) Ambivalence and accessing support from social workers

The accounts of parents also provided an insight into the system of support available from social workers when they placed the children with them. According to Mrs Green the placing of her children Peter and Patricia (who at the time of interview were aged 13 and 11 years respectively) had gone smoothly: she and her husband were delighted at becoming parents. They did not feel the need for support from the social worker *'We just wanted to get on with it and love our children and be as normal as possible'* (T1:4). Although the agency had a policy of keeping in touch with adoptive parents in a non-intrusive way (such as invitations to annual social events) as a means of communicating their availability should the need arise, the Green's preference to be a *'normal'* family meant that contact *'fizzled out'*. Later, however, when help was required, the Green family re-connected with the social workers in the agency. That is, they approached the agency for help, and at the time of the evaluation were receiving services from the Centre for Adoption Support.

The accounts provided by the Black, White and Grey families however, indicated that for some parents, accessing the most appropriate help may be more complex. Both Mrs Grey and Mrs Black indicated that, from the outset, as adoptive mothers they felt in the need of support, but that this need was not fully appreciated by the social workers: they felt that social workers were interested in the wellbeing of the children only. Furthermore, there was an indication from these parents that they felt used by

the social work agencies – the urgency to place children was so great that they were not fully appraised of the challenge that might be in store. Most adoptive parents' in Selwyn's (2014) research felt that they had not received full information on their children, and that the significance of the information shared was not always made plain.

Additionally, when seeking help Mrs Black felt '*fobbed off*' and that the social workers were satisfied once the children's most basic needs were being addressed:

Mr Black: *The only support we had was their [the boy's] social worker coming once a week to begin with. And then that slowly petered out as he viewed them [as] happy and stable.*

Mrs Black: *But their bench marks as stable are eating [and] sleeping.*

Mr Black: *Well they are sleeping [and] eating. They are not self-harming..... That's fantastic. Adoption sorted.*

Complexity is added, however, when Mr and Mrs Black and Mrs White acknowledged that their fears prevented them from confiding in their social worker. They were fearful of being seen as failures in their role as parent and that knowing the extent of the difficulties social workers would remove the children. For Mrs White, fear of failure and familial disintegration had begun when her two children Hannah and Roy were first placed. She said, '*I think during those first two to three*

years I wanted help, but I didn't want them [the social workers] to think we were failing so miserably that they would take [them] away' (T1:7).

The fear that confiding in social workers might lead to the removal of the adopted child(ren) was also expressed by Mr Black who said:

Mr Black: *As a parent, you don't want to say to your social worker '[I] bloody hate them. I want them out of the house right now after last night. I've had no sleep. I've got to get up for work at half six. My wife's in tears. I want them gone.*

(...)

And if you say anything like 'I just wanted to hit him because he's driving me up the wall' to a social worker, they're going to say 'Right. It's not safe. We're going to take him' (T1:5).

Selwyn et al. (2014) report that 27% of the adoptive parents who sought help because they were struggling to cope with the behaviour of their adolescent child, found themselves either threatened with or subjected to a child protection investigation.

Discussion

Becoming a parent is a life transition which is associated with stress (see Durtschi et al. 2016 and Ferriby et al. 2015) and becoming an adoptive parent has its own challenges (Elbow 1986; Gair 1999; and Timm et al. 2011). Summarizing the

published literature (which in the main focusses on mothers), Timm et al. (2011) identify 'core issues' associated with adoption. For example, loss and grief are core emotions associated with adopting a child. These emotions result from the on-going struggle to accept infertility, the end of the biological bloodline, and the failure to produce the 'fantasy child'. When the adopted child demonstrates behavioural problems, the grieving process is said to become more complicated (Berry and Barth 1989 cited in Timm et al. 2011).

Despite all of this, King et al. (2017) noted that the majority of prospective adoptive parents in their study did not appreciate the importance of adoption support. This stance is echoed in the account of Mrs Green: she and her family did not want social work help, they wanted to focus on becoming a 'normal' family. That is, there was a move towards the denial of difference (and perhaps the associated difficult emotions). The adoptive parents were also reluctant to ask for help for fear of being seen as failing or having their children removed. It has been acknowledged above that the social context encourages familial autonomy and independence. Within this scenario help seeking constitutes failure. When adoptive parents did seek help, within the context of the ambiguity about adoption support, budgetary constraint, fragmented services, and uncertainty in defining the problem, or the appropriate professional response, they often ricocheted around the system. In consequence, the creation of the Centre for Adoption Support was beneficial: the clarity of the role of the organization and the professional responsibilities undermined service ambiguity. It became a 'one stop shop' with an unambiguous role and purpose. Social workers, not only worked directly with children and parents, but also acted as advocates and enabled the families to access help from others. As Mr Black said:

Mr Black: [The social worker] also acted as our representative to the local authority, so we don't have to be communicating with them. She's got the profession[al] ability to stand up and say, 'No, you need to be doing this for this family' whereas we can stand up and shout as much as we like and I think they'll just probably go, 'Can't hear you'. Having that professional voice has been really useful (T2:8).

Since the commissioning of Centre for Adoption Support, in recognition of the needs of adoptive parents and the problems in accessing services, the government introduced the Adoption Support Fund. Launched in 2015, the fund has led to the expansion of adoption support teams and the up-skilling of professionals (often in terms of therapeutic practice), with the majority of service users satisfied with the type of support received (King et al. 2017). However, it has been concluded that, given the system of spot purchasing, the public and independent sectors could not grow adequately to provide a meaningful 'market' from which parents could choose adoption services (DfE 2015). In consequence, the government is investing in regionalization (DfE 2015), meaning that a number of local authorities might 'join up' and form partnerships, perhaps along with health and third sector organizations, in order to provide the full range of adoption support to a larger population. In 2016 the government stated its aim for every adoptive family to have access to an ongoing package of appropriate support with a right to a high quality, specialist assessment of need. The support, which should be delivered from the start of the adoption, should continue throughout the adoptees childhood, as required. Importantly, adoptive families should have an ongoing relationship with their local agency, and

know that they can ‘turn to them for additional support at any time, without judgment’ (DfE 2016: 7).

In order to challenge the kind of problems described by the adoptive parents when they attempted to gain help from school staff members, the government has enshrined in the Children and Social Work Act 2017, the requirement for local authorities to promote the educational achievement of previously looked after children. However, the government had already extended the Pupil Premium funding to make it available to adopted children. Schools can apply to the Virtual School Head for a grant of up to £1,900 per child. The use of the money is decided by the school and it is intended to further the achievement of that particular pupil’s Personal Education Plan (DfE 2014). Thomas (2015) and Webber (2017) provide case studies of the ways in which these budgets might be used. In most instances, the budgets are likely to be used for one-to-one support. However, there may be occasions when whole-school training on the emotional needs of children of pupils would be would be appropriate (see Author forthcoming 2018).

Conclusion

The commissioned evaluation created the opportunity for researchers to elicit accounts of experience from adoptive parents and relevant professionals. From the accounts provided, it has been concluded that, prior to the creation of the Centre for Adoption Support, adoptive parents in the northwest of England had struggled to access appropriate help. This theme, which was also evident in a number of national studies, has been developed here through a psychosocial lens: that is, both

social and individual aspects have been seen as contributing to the difficulties. Since the creation of the Centre for Adoption Support, the government has instigated change, with the aim of improving the volume, quality and market of adoption services, but also by reducing the fragmentation of service provision (DfE 2015). These changes, along with the encouragement of the contribution of school staff members, help to erode the ambiguity surrounding adoption support. Whilst the emotional tribulations associated with adopting children are very likely to continue, the clear message that support can be expected and is available, is welcome.

References

- Argent, H. (2003) (ed) *Models of Adoption Support. What Works and What Doesn't* London: British Association of Adoption and Fostering
- Berry, M. B. and Barth, R. P. (1989) Behavior Problems of Children Adopted When Older, *Children and Youth Services Review*, 11(3), 221-238.
- Birrell, D. (2006) The Disintegration of Local Authority Social Services Departments, *Local Government Studies*, 32(2), 139-151.
- Bonin, E-M., Beecham, C., Dance, C. and Farmer, E. (2013) Support for Adoption Placements: The First Six Months *British Journal of Social Work*, 44(6), 1508-1525.
- Cooper, A. and Lousada, J. (2005) *Borderline Welfare: Feeling and Fear of Feeling in Modern Welfare* London: Karnac.
- Dartington, T. (2010) *Managing Vulnerability. The Underlying Dynamics of Systems of Care* London: Karnac
- DofE (Department of Education) (2012) The National Prospectus Grants Programme 2013-15, www.gov.uk/government/uploads/system/uploads/attachment_data/file/175489/DFE-30003-2012.pdf.
- DofE (Department for Education) (2014) Pupil Premium: Virtual School Heads' Responsibilities www.gov.uk/guidance/pupil-premium-virtual-school-heads-responsibilities
- DfE (Department for Education) (2015) Regionalising Adoption www.gov.uk/government/publications.

DfE (Department for Education) (2016) Adoption: A Vision for Change
www.gov.uk/government/publications

Durtschi, J. A., Soloski, K. L. and Kimmes, J. (2017) The Dyadic Effects of Supportive Co-parenting and Parental Stress on Relationship Quality Across the Transition to Parenthood, *Journal of Marital and Family Therapy* 43(2), 308-321.

Elbow, M. (1986) From Caregiving to Parenting: Family Formation with Adopted Older Children, *Social Work*, 1, 366-370.

Elliott, N. (2008) The Global Vortex: Social Welfare in a Networked World, *Journal of Social Work Practice*, 22(3), 269-287.

Faculty of Public Health (2008) *Joint Commissioning of Children's Services Across Local Authorities and Primary Care Trusts: An Overview* London: Faculty of Public Health.

Ferriby, M. Kotial, L. and Dush, C. K., Schappe-Sullivan, S. (2015) Dimensions of Attachment and Commitment Across the Transition to Parenthood, *Journal of Family Psychology*, 29(6), 938-944.

Froggett, L. (2002) *Love, Hate and Welfare. Psychosocial Approaches to Policy and Practice* Bristol: The Policy Press.

Gair, S. (1999) Distress and Depression in New Motherhood: Research with Adoptive Mothers Highlights Important Contributing Factors, *Child and Family Social Work*, 4, 55-66.

Gibbs, A. (2010) Parenting Adopted Children and Supporting Adoptive Parents: Messages from Research, *Aotearoa New Zealand Social Work*, 22(2), 44-52.

Hall, I. and Hall, D. (2004) *Evaluation and Social Research. Introducing Small-scale Practice* Basingstoke: Palgrave Macmillan.

Harlow, E., Berg, E., Barry, J. and Chandler, J. (2013) Neoliberalism, Managerialism and the Reconfiguration of Social Work in Sweden and the United Kingdom, *Organization*, 20(4), 534-550.

Harlow, E., Mitchell, A., Doherty, P. and Moran, P. (2015) Constructing and Delivering Services of Support: An Evaluation of the Northwest Post-placement Adoption Support Service Chester: University of Chester.

Harlow, E. (2018) Attachment Theory in Schools, *Headteacher Update*, January, pp.38-39.

Holmes, L. McDermid, S. and Lushey, C. (2013) *Post-Adoption Support: A Rapid Response Survey of Local Authorities in England. Working Paper No. 9*, Childhood Wellbeing Research Centre.

Howe, D. (2009) *A Brief Introduction to Social Work Theory* Basingstoke: Palgrave Macmillan.

King, S., Gieve, M., Iacopini, G., Hahne, A. S., Stradling, H. – The Tavistock Institute of Human Relations (2017) *The Evaluation of the Adoption Support Fund* Department of Education www.gov.uk/government/publications.

Lewis, J. and Ghate, D. - The Colebrook Centre for Evidence and Implementation. (2015) *Adoption Support Fund: Learning from the Prototype*. Research Report, December, Department for Education, www.gov.uk/government/publications.

Local Government Association (2012) *Commissioning for Better Public Services* London: Local Government Association.

Luckock, B. and Hart, A. (2005) Adoptive Family Life and Adoption Support: Policy Ambivalence and the Development of Effective Services, *Child and Family Social Work*, 10, 125-134.

Mather, M. (2003) 'Health and Adoption Support' in Argent, H. (ed) *Models of Adoption Support: What Works and What Doesn't* London: British Association of Adoption and Fostering.

McKay, K. and Ross, L. E. (2011) Current Practices and Barriers to the Provision of Post-placement Support: A Pilot Study from Toronto, Ontario, Canada, *British Journal of Social Work*, 41, 57-73.

McNeish, D. and Scott, S. (2013) What Works in Achieving Adoption for Looked After Children: An Overview of Evidence for the Coram/Barnardo's Partnership.

Megele, C. (2015) *Psychosocial and Relationship-based Practice* Northwich: Critical Publishing.

Monck, E. and Rushton, A. (2009) Access to Post-adoption Services When the Child has Substantial Problems, *Journal of Children's Services*, 4(3), 21-33.

Performance and Innovation Unit (2000) *The Prime Minister's Review of Adoption: A Performance and Innovation Unit Report* London: HMSO.

Pearce, J. and Banks, A. (2013) Adoption Support Services in England and Wales, Community Care Inform, www.ccinform.co.uk (accessed 26/3/2014).

Roets, G., Roose, R., Schiettecat, T. And Vandebroek, M. (2016) *Reconstructing the Foundations of Joined-up Working: From Organisational Reform towards a Joint*

Engagement of Child and Family Services, *British Journal of Social Work*, 46, 306-322. Doi: 10.1093/bjswbcu121.

Ruch, G. (2010) The Contemporary Context of Relationship-based Practice. In Ruch, G., Turney, D. and Ward, A. (eds) *Relationship-based Social Work: Getting to the Heart of Practice* London: Jessica Kingsley.

Rushton, A. and Dance, C. (2002) *Adoption Support Services for Families in Difficulty* London: British Association for Adoption and Fostering.

Rushton, A., Monck, E., Upright, H. and Davison, M. (2006) Enhancing Adoptive Parenting: Devising Promising Interventions, *Child and Adolescent Mental Health*, 11(1), 25-31. Doi:10.1111/j.1475-3588.2005.00371.x

Rushton, A. and Monck, E. (2009) *Enhancing Adoptive Parenting: a Test of Effectiveness* London: British Association of Adoption and Fostering.

Schofield, G. and Beek, M. (2005) Providing a Secure Base: Parenting Children in Long-term Foster Family Care, *Attachment and Human Development*, 7(1), 3-26, DOI: 10.1080/14616730500049019.

Selwyn, J., Wijedasa, D. and Meakings, S. (2014) *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption. Research Report*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301889/Final_Report_-_3rd_April_2014v2.pdf

Sennett, R. (2006) *The Culture of the New Capitalism* New Haven, CT: Yale University Press.

Stock, L., Spielhofer, T. And Gieve, M. – The Tavistock Institute of Human Relations (TIHR) (2016) *Independent Evidence Review of Post-adoption Support Interventions Research. Research Brief*, Department for Education. www.gov.uk/government/publications.

Thomas, C. (2013) *Adoption for Looked After Children: Messages from Research. An Overview of the Adoption Research Initiative* London: British Association for Adoption and Fostering.

Thomas, C. (2015) Pupil Premium for Adopted Children. Case Studies. British Association of Adoption and Fostering/Department for Education. www.first4adoption.org.uk/wp-content/uploads/2015/03/pupil-premium_case-studies.pdf.

Timm, T. M., Mooradian, J. K. and Hock, R.M. (2011) Exploring Core Issues in Adoption: Individual and Marital Experiences of Adoptive Mothers, *Adoption Quarterly* 14, 268-283.

Webber, L. (2017) A School's Journey in Creating a Relational Environment Which Supports Attachment and Emotional Security, *Emotional and Behavioural Difficulties*, 22(4), 317-331.

Woodward, K. (2015) *Psychosocial Studies: An Introduction*. London: Routledge.